



W F E E

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
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Application Number
10/619,830

Filing Date
07/15/2003

Applicant(s)
McClintock

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	X					
2	X					
3		X				
4		X				
5		X				
6		X				
7		X				
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Total Indep	2	14				
Total Depend	14					
Total Claims	16					

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						

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